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ARPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/381,497	02/17/2000	DAVID J. FITZGERALD	015280-317100US	4036
7:	590 01/07/2002			
JOHN STORELLA			EXAMINER	
TOWNSEND AND TOWNSEND AND CREW TWO EMBARCADERO CENTER			HELMS, LARRY RONALD	
8TH FLOOR SAN FRANCISCO, CA 94111-3834			ART UNIT	PAPER NUMBER
		1642		

DATE MAILED: 01/07/2002

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)				
Interview Summary	09/381,497	FITZGERALD				
merview cummary	Examiner	Art Unit				
	Larry R. Helms	1642				
All participants (applicant, applicant's representative, PTO personnel):						
(1) <u>Larry R. Helms</u> .	(3)					
(2) Ms. Lockyer.	(4)					
Date of Interview: 18 December 2001.						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)⊠ applicant's representative]						
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.					
Claim(s) discussed:						
Identification of prior art discussed:						
Agreement with respect to the claims f) was reached.	g) was not reached. h)] N/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>discussed art and enablement rejections</u> .						
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)						
 i) ☐ It is not necessary for applicant to provide a second checked). 	eparate record of the substanc	e of the interview(if box is				
Unless the paragraph above has been checked, THE FOR MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW action has already been filed, APPLICANT IS GIVEN ONE STATEMENT OF THE SUBSTANCE OF THE INTERVIEW reverse side or on attached sheet.	. (See MPEP Section 713.04) MONTH FROM THIS INTERV	If a reply to the last Office /IEW DATE TO FILE A				
	111					
	All I					

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required